



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Cosmetology
www.state.ma.us/reg/boards/hd
617-727-9940

Junior Instructor Application
Cosmetology ☐ or Aesthetics ☐ (please check)

JUNIOR ASSISTANT INSTRUCTOR APPLICANTS **INSTRUCTIONS**

In order to be eligible to apply for a junior instructor's license you must have graduated from a registered school of beauty culture and passed your State Board examinations.

A completed application must include:

- A copy of your current license
- A copy of your high school diploma or educational equivalent
- One 2" x 2" photograph
- Money order made payable to the Commonwealth of Massachusetts

Upon filing the appropriate application and fee the Board shall issue a temporary Junior Assistant Instructor's license which will be valid for two years. Any applicant completing two years of experience as a Junior Assistant Instructor will be eligible to apply for a full instructor's license.

Please be advised all application fees are non-refundable.

Normal application processing time for complete applications is between 3-4 weeks.

Incomplete applications can further delay processing time.



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Junior Instructor Application-Fee \$57.00

Cosmetology ☐ or Aesthetics ☐ (please check)

BOARD USE ONLY

Board: _____

License #: _____

Type: _____

Cash #: _____

Cash Date: _____

Please attach recent

2" X 2"

passport photograph here

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. Current License#: _____ License Expiration Date: _____

BOARD USE ONLY

Status Code: _____

Issue Date: _____

Lic. Exp. Date: _____

4. Date of Birth: _____ Place of Birth: _____

5. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

6. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

7. Telephone Number-Day: _____ Evening: _____

8. Social Security Number (**Mandatory**): _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

9. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally

issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____

10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary):

11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary):

12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary):

13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____

14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary):

15. Present Employer _____

16. High School Attended _____

Name & Address of School

Date Started: _____

Date Finished: _____

17. Beauty School Attended _____

Name & Address of School

Date Started: _____

Date Finished: _____

18. I certify, under the pains and penalties of perjury, that I am of good moral character and that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to M.G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of applicant

Date